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031104

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PTO/SB/05 (12/97)
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031104

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|--|--|----------|------|----------------|
| Utility Patent Application Transmittal (only for nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. | AI 257D1 | DATE | March 11, 2004 |
| | Inventor (s) Junichi HIKITA et al. | | | |

| | |
|---|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450 |
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| | |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 77] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 22] 4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Copies Of Information Disclosure <input type="checkbox"/> Copies of IDS /PTO-892 from parent Application Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input checked="" type="checkbox"/> Copies of five Certified Copy first page of Priority Documents (if foreign priority is claimed) 16. <input type="checkbox"/> Other: _____ |
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17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/499,384

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 18-0002 | | <input type="checkbox"/> Correspondence address below | |
| (Insert Customer No. or Attach bar code label here) | | | | | |
| NAME | | Steven M. Rabin (Reg. No. 29.102) - Rabin & Berdo, P.C. | | | |
| ADDRESS | | Suite 500, 1101 14 th street, N.W. | | | |
| CITY | Washington, D.C. | STATE | | ZIP CODE | 20005 |
| COUNTRY | | TELEPHONE | (202) 371-8976 | FAX | (202) 408-0924 |

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| ACCOMPANYING APPLICATION PARTS <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Copies Of Information Disclosure /PTO-892 from parent Application <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired</p> <p>15. <input checked="" type="checkbox"/> Copies of five Certified Copy first page of Priority Documents (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: _____</p> | |

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | | 18-0002 (Insert Customer No. or Attach bar code label here) | | or <input type="checkbox"/> Correspondence address below | |
| NAME | Steven M. Rabin (Reg. No. 29,102) - Rabin & Berdo, P.C. | | | | |
| ADDRESS | Suite 500, 1101 14 th street, N.W. | | | | |
| CITY | Washington, D.C. | STATE | | ZIP CODE | 20005 |
| COUNTRY | | TELEPHONE | (202) 371-8976 | FAX | (202) 408-0924 |

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

A1 257 D1

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|----------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | ↓ minus 20 = * | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 3 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

| RATE | FEE |
|--------------|----------|
| | \$ _____ |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | FEE |
|--------------|-------|
| | 770 ✓ |
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | 770 ✓ |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---------------------------|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---------------------------|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---------------------------|---|-------|---|------------------|
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

| RATE | ADDI- TIONAL FEE |
|--------------|------------------------|
| x \$ _____ = | |
| x _____ = | |
| + _____ = | |
| TOTAL | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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